

This resource guide helps BH-HCBS providers to identify the following information for each service: approved tiers and HARP H-code designation(s); daily and annual caps; services prohibited on the same day; and state services prohibited in combination.

Tiered Service	H Code	Rate Code Description	Location	Rate Code	Px Code	Modifier	Unit Measure	Daily Max	Annual Cap / Maximum	Other HCBS rate codes prohibited on same day	State Services prohibited
Tier One Tier Two	H2, H3	Peer Supports	On site Off site	7794	H0038	HE or HF	Per 15 min	16 units/ 4 hours	500 hours/year	NA	• ACT
Tier One Tier Two	H2, H3	Pre-vocational Services	On site Off site	7801	T2015		Per hour	2 units/ 2 hours	Combined 250 hours per year and duration of 9 months per year	<ul style="list-style-type: none"> • Transitional Employment • Intensive Support Employment • Ongoing Supported Employment 	• ACT • PROS
Tier One Tier Two	H2, H3	Transitional Employment	On site Off site	7802	T2019		Per 15 min	12 units/ 3 hours	Combined 250 hours per year and duration of 9 months per year	<ul style="list-style-type: none"> • Pre-vocational Services • Intensive Support Employment • Ongoing Supported Employment 	• ACT • PROS
Tier One Tier Two	H2, H3	Intensive Supported Employment	On site Off site	7803	H2023	TG	Per 15 min	12 units/ 3 hours	250 hours/year	<ul style="list-style-type: none"> • Pre-vocational Services • Transitional Employment • Ongoing Supported Employment 	• ACT • PROS
Tier One Tier Two	H2, H3	Ongoing Supported Employment	On site Off site	7804	H2025		Per 15 min	12 units/ 3 hours	250 hours/year	<ul style="list-style-type: none"> • Pre-vocational Services • Transitional Employment • Intensive Supported Employment 	• ACT • PROS
Tier One Tier Two	H2, H3	Education Support Services	On site Off site	7805	T2013		Per hour	2 units/ 2 hours	250 hours/year		• ACT
Tier Two	H3	Psychosocial Rehab Indv – On site	On site	7784	H2017	U1	Per 15 min	8 units/ 2 hours	Combined CPST and PSR 500 hours per year	<ul style="list-style-type: none"> • PSR Individual Off Site • PSR Individual Per Diem 	<ul style="list-style-type: none"> • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation

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Tier Two	H3	Psychosocial Rehab Indv – Off site	Off site	7785	H2017	U2	Per 15 min	8 units/ 2 hours	Combined CPST and PSR 500 hours per year	<ul style="list-style-type: none"> • PSR Individual On Site • PSR Individual Per Diem 	<ul style="list-style-type: none"> • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation
Tier Two	H3	Psychosocial Rehab Group 2–3	On site Off site	7786	H2017	UN or UP	Per 15 min	4 units/ 1 hour	Combined CPST and PSR 500 hours per year	<ul style="list-style-type: none"> • PSR Group 4-5 • PSR Group 6-10 • PSR Individual Per Diem 	<ul style="list-style-type: none"> • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation
Tier Two	H3	Psychosocial Rehab Group 4–5	On site Off site	7787	H2017	UQ or UR	Per 15 min	4 units/ 1 hour	Combined CPST and PSR 500 hours per year	<ul style="list-style-type: none"> • PSR Group 2-3 • PSR Group 6-10 • PSR Individual Per Diem 	<ul style="list-style-type: none"> • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation
Tier Two	H3	Psychosocial Rehab Group 6–10	On site Off site	7788	H2017	US	Per 15 min	4 units/ 1 hour	Combined CPST and PSR 500 hours per year	<ul style="list-style-type: none"> • PSR Group 2-3 • PSR Group 4-5 • PSR Individual Per Diem 	<ul style="list-style-type: none"> • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation
Tier Two	H3	Psychosocial Rehab Individual – Per Diem	On site Off site	7789	H2018		Per diem	1 unit/1 daily	Combined CPST and PSR 500 hours per year	<ul style="list-style-type: none"> • PSR Individual On Site • PSR Individual Off Site • PSR Group 2-3 • PSR Group 4-5 • PSR Group 6-10 	<ul style="list-style-type: none"> • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation
Tier Two	H3	Community Psych Support (CPST) Physician	Off site only	7790	H0036	AF	Per 15 min	6 units/ 1.5 hours	Combined CPST and PSR 500 hours per year		<ul style="list-style-type: none"> • OMH Clinic • OASAS Clinic • Opioid Tx • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation
Tier Two	H3	Community Psych Support (CPST) NP, Psychologist	Off site only	7791	H0036	SA or AH	Per 15 min	6 units/ 1.5 hours	Combined CPST and PSR 500 hours per year		<ul style="list-style-type: none"> • OMH Clinic • OASAS Clinic • Opioid Tx • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation

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Tier Two	H3	Community Psych Support (CPST) RN, LMHC, LMFT, LCSW, LMSW	Off site only	7792	H0036	TD or AJ	Per 15 min	6 units/ 1.5 hours	Combined CPST and PSR 500 hours per year		<ul style="list-style-type: none"> • OMH Clinic • OASAS Clinic • Opioid Tx • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation
Tier Two	H3	Community Psych Support (CPST) Other Professions	Off site only	7793	H0036		Per 15 min	6 units/ 1.5 hours	Combined CPST and PSR 500 hours per year		<ul style="list-style-type: none"> • OMH Clinic • OASAS Clinic • Opioid Tx • ACT • PROS • IPRT/CDT • OASAS Outpatient Rehabilitation
Tier Two	H3	Residential Supports (Habilitation)	On site Off site	7795	T2017		Per 15 min	12 units/ 3 hours	250 hours/year		<ul style="list-style-type: none"> • ACT
Tier Two	H3	Family Support / Training Individual	On site Off site	7799	H2014	HR or HS	Per 15 min	12 units/ 3 hours	40 hours/year		<ul style="list-style-type: none"> • ACT • PROS
Tier Two	H3	Family Support / Training Group of 2 or 3	On site Off site	7800	H2014	HR or HS UN or UP	Per 15 min	6 hours/ 1.5 hours	40 hours/year		<ul style="list-style-type: none"> • ACT • PROS
NA	H1, H2, H3	Short-term Crisis Respite ¹		7796	H0045	HK, U5	Per diem	1 unit/1 daily	7 days per episode, 21 days per year	Intensive Crisis Respite	NA
NA	H1, H2, H3	Intensive Crisis Respite ¹		7798	H0045	HK	Per diem	1unit/1 daily	7 days per episode, 21 days per year	<ul style="list-style-type: none"> • Short-term Crisis Respite • All but Peer Services 	All but Peer Services
NA	H2, H3	HCBS Provider Travel Supplement Auto – per mile ²		7806	A0160		Per mile				
NA	H2, H3	HCBS Provider Travel Supplement Subway, Bus, Taxi ³		7807	A0160	U1	Per round trip				

1. Must have authorization before stay exceeds 72 hours. Billed daily. Do not bill for transportation.

2. Billing is at the member level. Mileage per federal guidelines. Billed on a daily basis.

3. Billing is at the recipient level. Bill monthly. Use first day of the month as the date of service.

Modifier Codes	
HCBS Modifiers	Definition
AF	Specialty physician
AH	Clinical psychologist
AJ	Clinical Social Worker (also allowing LMSW)
HE	Mental health program
HF	Substance abuse program
HH	Integrated mental health / substance abuse program
HK	Specialized mental health program for high-risk populations
HR	Family with client present
HS	Family without client present
SA	Nurse practitioner
TD	Registered nurse
TG	Complex level of care
U1	Level 1 (state-defined)
U1	Subway round-trip (state-defined, with A0160)
U2	Level 2 (state-defined)
U5	Reduced services (state-defined)
UN	Two patients served
UP	Three patients served
UQ	Four patients served
UR	Five patients served
US	Six or more patients served

Tiered Services	
Tier One/H2	<ul style="list-style-type: none"> • Peer Supports • Education Supports • Pre-vocational Support • Transitional Employment • Intensive Supported Employment • Ongoing Supported Employment
Tier Two/H3	<ul style="list-style-type: none"> • Peer Supports • Education Supports • Pre-vocational Support • Transitional Employment • Intensive Supported Employment • Ongoing Supported Employment • Psychosocial Rehabilitation (PSR) • Community Psychiatric Support and Treatment (CPST) • Habilitation • Family Support

Source:
New York State Office of Alcoholism and Substance Abuse Services
www.oasas.ny.gov/ManCare/BHO/HCBS.cfm